

UNITED STATES DISTRICT COURT

2024 FEB 20 AM 10:43

for the
District of

OFFICE OF THE CLERK

Division

Ras Alch. Meen Bafeman

Case No.

8:23CV40
(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Jerry Lee Lovelace JR. M.D. Ph.D.
Medical director / NCS.

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Amended

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Ras Alah-Man Bateman

All other names by which you have been known:

ID Number

215560

Current Institution

RTC (Now Released)

Address

334 N 33rd Lincoln NE APT 1

City

State

Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Corp Brooks

Job or Title (*if known*)

floor Corp for RTC

Shield Number

RTC

Employer

2720 west Van Dorn

Address

City

State

Zip Code

Individual capacity

Official capacity

Defendant No. 2

Name

Jerry Lee Lovelace Jr.

Job or Title (*if known*)

Medical Director

Shield Number

Director for The Med-cal NOCS

Employer

2720 west Van Dorn Lincoln 68522

Address

City

State

Zip Code

Individual capacity

Official capacity

Defendant No. 3

Name
 Job or Title (if known)
 Shield Number
 Employer
 Address

Corp Green wood
Floor Corp for RTC
 RTC
 2920 West Van Doorn
 Lincoln *NE* 68522
 City State Zip Code
 Individual capacity Official capacity

Defendant No. 4

Name
 Job or Title (if known)
 Shield Number
 Employer
 Address

(Medical Staff) Dr Harbans Deol
Nurse Dr Jeff Kasselman
 RTC
 2920 West Van Doorn
 Lincoln *NE* 68522
 City State Zip Code
 Individual capacity Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

Federal officials (a *Bivens* claim)
 State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

My 8th Amendment was violated Dec 9th 2022

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

My 8th Amendment was violated Dec 9th 2022

D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

*By STAFF/nurses at that time Seen I was inwheel A
the point of not being able to walk and I was refused
Service because of wrong doing of professionals that work for
RTC.*

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

Pretrial detainee

Civilly committed detainee

Immigration detainee

Convicted and sentenced state prisoner

Convicted and sentenced federal prisoner

Other (*explain*) I was incarcerated now released.

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

*Dec 9th in The RTC gym Corp Brooks seen I was inwheel made
an improper call and I was wheeled to the Medical unit.*

B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

Dec 9th 2022 in The gym 930 AM

C. What date and approximate time did the events giving rise to your claim(s) occur?

Dec 9th 2022 930AM

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

They were approx. 6 to 7 Staff member on this date. CORP Brooks made the call to get me help. Prince and I guess hits the wrong button and this was rookie mistake on his behalf

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Them putting of my knee injury for over a year to see that I had a Complete tear to my Right ACL had to get Surgery Sept 19 2023 now I suffering Physical Therapy and here to work a part time job. from this incident.

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Pain & suffering.

Requesting \$400,000 for Personal/Damages, lost of wages medical bills I have now and will have in the future pertaining from this situation I make a permanent limp something could have been done about if staff would have done their job the right way. Now I'm limited to do things like basketball, I have 2 ~~gold~~ nails in my knee and can be rendered at a man for me

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes
 No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

RTC

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

Yes
 No
 Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

Yes
 No
 Do not know

If yes, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

Yes

No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes

No

E. If you did file a grievance:

1. Where did you file the grievance?

RTC have every copy of this procedure.

2. What did you claim in your grievance?

That medical staff were refusing me and MRI to see my torn ligaments.

3. What was the result, if any?

High tear to meniscis and Complete tear the right ACL

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

Contacted ombusmen.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

filed all grievances

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

I did all grievance procedure and I let staff know,

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Onbusmen has this on file.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

Yes

No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes

No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (*If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.*)

1. Parties to the previous lawsuit

Plaintiff(s) N/A

Defendant(s) N/A

2. Court (*if federal court, name the district; if state court, name the county and State*)

N/A

3. Docket or index number

N/A

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

N/A

6. Is the case still pending?

Yes

No

If no, give the approximate date of disposition. _____

7. What was the result of the case? (*For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?*)

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

Yes No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (*If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.*)

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court (*if federal court, name the district; if state court, name the county and State*)

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

Yes

No

If no, give the approximate date of disposition

7. What was the result of the case? (*For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?*)

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: feb. 19. 2024

Signature of Plaintiff



Printed Name of Plaintiff

Ras Bateman

Prison Identification #

(215560)

Prison Address

3341 N 33rd APT 1

Lincoln

City

NE

State

68503

Zip Code

B. For Attorneys

Date of signing: _____

Signature of Attorney



Printed Name of Attorney



Bar Number



Name of Law Firm



Address



City

State

Zip Code

Telephone Number



E-mail Address

